## Lexington-Fayette Urban County Government Division of Grants and Special Programs

Lexington-Fayette Urban County Government 200 East Main St., 6<sup>th</sup> Floor - Lexington, KY 40507 Ph (859) 258-3072 Fax (859) 258-3081 Horse Capital of the World

LEXINGTON

# NEIGHBORHOOD ACTION MATCH PROGRAM (NAMP)

Instructions and Forms for Requesting a Reimbursement

#### REQUESTING A REIMBURSEMENT

The grant award shall require a contract between the Urban County Government and the neighborhood association through which each party accepts certain obligations to the other regarding the disbursement and use of funds.

LFUCG will not disburse funds for expenses incurred by the neighborhood association prior to the execution of a contract signed by both the mayor and an authorized representative of the neighborhood association, as awarded by the Urban County Council.

Grant awards are not disbursed up front, but on a reimbursement basis.

The treasurer of the neighborhood association or the authorized official identified in the application will submit a Reimbursement Request to the Division of Grants and Special Programs of the Lexington-Fayette Urban County Government

**Email submissions are preferred.** In order to request a reimbursement from NAMP, please submit the following to Celia Moore at <a href="mailto:cmoore@lexingtonky.gov">cmoore@lexingtonky.gov</a>:

The Reimbursement Request must include:

- cover letter or email reporting the activity progress,
- full color pictures (electronic preferred),
- the reimbursement amount requested (ROUNDED TO THE NEAREST DOLLAR),
- attached expenditure and match forms,
- attached invoices/receipts
- attached documentation of payment of invoice which includes a cancelled check, and
- documentation of match such as volunteer sign-in sheet or letters documenting donations.

Each request for payment must show that the Neighborhood Association has expended cash equal to or more than the amount of reimbursement requested. Additionally, the match requirement must also be met. For every \$1 requested in NAMP funding, an additional \$1 of match must be documented, unless located in an eligible census tract. If located in an eligible census tract, associations must document at least 10% of the grant award in match.

The Division of Grants and Special Programs will review each Reimbursement Request and forward to the Division of Accounting for payment. All payments shall be issued directly to the designated neighborhood association representative. LFUCG will not make any payments to suppliers or contractors.

Should the Division of Grants and Special Programs determine that project progress and/or the project management of the neighborhood association do not satisfy the terms of the grant award, the Grants Manager shall contact the Neighborhood Association's representative for the information necessary prior to approving the reimbursement request. The Division may also notify the Mayor's Office and appropriate district Councilperson and arrange a meeting with the Neighborhood Association to seek to resolve the problems and/or issues identified which prevent approval of the Request for Reimbursement.

If you have any questions, please contact Celia Moore, Grants Manager at (859) 258-3072 or cmoore@lexingtonky.gov.

If you are unable to **email** your Request for Reimbursement to <u>cmoore@lexingtonky.gov</u>, you may send it to:

#### LFUCG DIVISION OF GRANTS AND SPECIAL PROGRAMS ATTN: CELIA MOORE, GRANTS MANAGER 200 EAST MAIN STREET, 6<sup>TH</sup> FLOOR LEXINGTON, KENTUCKY 40507

#### REPORTING REQUIREMENTS

The neighborhood association must submit a Project Completion Report with the submission of the final request for payment. The report shall:

- (1) describe the projects and the benefits derived from its implementation;
- (2) include (electronic) full color photographs of the completed project;

The Project Completion Report shall be submitted via email to Celia Moore at <a href="mailto:celiamoore@lexingtonky.gov">cenore@lexingtonky.gov</a>. If email is not an option, reports may be mailed to the address above.



## NEIGHBORHOOD ACTION MATCH PROGRAM Reimbursement Request Form

Neighborhood Associati	on Name:		
Contact Person Name ar	nd Title:		
Address:			
Phone:	Em	ail:	
Request #:	Project Cor	mplete: Yes No	<b>o</b>
Project Title:			
	ed, please contact the Gr		
Grant Award Amount	Grant Request	Balance	Match
(Please round numbers	to the nearest dollar)		
	email reporting the activit ces, receipts, check copies		ble expenditure and match ntation of match.
Print Name and Title	·	Signature	Date
LFUCG Official Use C	Only		
Approved by:	Date:		

## **Documentation of Grant Expenditures**

Indicate below the name of vendor and eligible expenditures for grant project. (Attach applicable invoices and receipts)

Description of Materials and Supplies/Services (List Vendor Names, if applicable)	NAMP Request	Cash Match	Donated Services/ Materials Match	Total
Totala.				
Totals:				

Print Name and Title	Signature	Date

### **Documentation of In-Kind/Donation Match**

Indicate below the name, number of hours and activity volunteers have spent participating in activities or donation information relative to the grant project.

(Attach applicable donation letters or receipts.)

Description of In-kind Activity or Donated Materials	# of hours	\$ Rate	\$ Inkind/ Donation Total
		TOTAL	
		TOTAL	

Print Name and Title	Signature	Date

## **Volunteer Sign-In Sheet**

Duplicate this form as needed.

Neighborhood Association:									
	First and Last Name	Address	Signature	Date	Time In	Time Out	# of hours	\$ Rate	\$ Total
1								\$7.25	
2								\$7.25	
3								\$7.25	
4								\$7.25	
5								\$7.25	
6								\$7.25	
7								\$7.25	
8								\$7.25	
9								\$7.25	
10								\$7.25	
								\$7.25	